



COMMERCIAL FISHING VESSEL REGISTRATION (CFVR) APPLICATION INSTRUCTIONS

This application is to be completed and signed by individuals applying for a Commercial Fishing Vessel Registration. Businesses requesting a license must have the Responsible Party (business agent) complete and sign the application. The Responsible Party is the person who coordinates, supervises, or otherwise directs operations of a business entity, such as a corporate officer or executive-level supervisor of business operations and is the person responsible for use of the issued License in compliance with applicable laws and regulations. Individuals applying for a license for another under the authority of Power of Attorney must submit a **PHOTOCOPY** of the Power of Attorney and current picture identification.

Eligibility Requirements

This registration is required for any vessel used in a commercial fishing operation in the coastal fishing waters of the state.

- A. Provide a **PHOTOCOPY** of one of the following current picture identifications:
1. Driver's License; or
 2. State Identification (issued by DMV); or
 3. Military Identification; or
 4. Passport; or
 5. Resident Alien Card (green card)
- B. If you are applying as a business, you must provide:
1. If incorporated, a **PHOTOCOPY** of Articles of Incorporation and list of current corporate holders.
 2. If written agreement partnership, a **PHOTOCOPY** of written partnership agreement.
 3. If not incorporated or written partnership, a **PHOTOCOPY** of current Assumed Name Statements, if filed, and a **PHOTOCOPY** of business privilege tax certificates, if applicable.
- C. A **Commercial Fishing Vessel Registration** Application must have the following:
1. Check one:
 - a. New Application (i.e., new License)
 - b. Renewing
 - c. Updating Current License
 - d. Replacing a Current License
 2. **Commercial Fishing Vessel Registration** number if renewing, updating or replacing the Registration. This number is printed on the license to the right of the words *Commercial Fishing Vessel Registration* and is the 'P' number.
 3. Complete all the applicable Participant Information, including Participant Identification number. This number is listed to the right of the word Participant # on your license. If you do not currently have a license with DMF, leave this box blank.
 4. All surveys must be completed.
 5. Sign the Application.
 6. Completed Certification Statement Form. It must be notarized if applying for a new license.
- D. Enclose a **PHOTOCOPY** of valid vessel state registration or U.S. Coast Guard Vessel Documentation. If applying for a transfer of ownership and the U.S. Coast Guard Vessel Documentation is pending, a notarized bill of sale will be accepted.
- E. Fees
See Commercial License and Permit Fee Sheet. If you need assistance, please contact any NC DMF License Office or call (252) 726-7021 or (800) 682-2632.
- F. Method of payment: Personal check, money order or Cashier check. Make payable to **North Carolina Division of Marine Fisheries**. There will be a \$25.00 service charge for returned checks.

You are required to notify the Division of Marine Fisheries of any address or residency changes within 30 days. Incomplete applications submitted without required documentation will be deemed incomplete and returned to you unprocessed.

Mail to: North Carolina Division of Marine Fisheries
License Office
PO Box 769
Morehead City, NC 28557

North Carolina Division of Marine Fisheries

Application for Commercial Fishing Vessel Registration (CFVR)

Check one:	<input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Replace <input type="checkbox"/> Update and/or Change of Vessel Master
Check one:	<input type="checkbox"/> Commercial <input type="checkbox"/> For-Hire <input type="checkbox"/> Both
Existing License Number (License number is printed on license)	

Individual of Business Agent Participant Information

Participant I.D.		First Name		Middle Name	Last Name		Suffix
Driver's License No. <input type="checkbox"/>		State I.D. No. <input type="checkbox"/>		Military I.D. No. <input type="checkbox"/>	Resident Alien I.D. No. <input type="checkbox"/>		Passport No. <input type="checkbox"/>
No.:		Expire Date: / /					
Date of Birth		Primary Residence (State)			Email Address		
____ / ____ / ____							
Race:	Gender:	Physical Address			Mailing Address <input type="checkbox"/> Check if same as physical address		
	M / F	Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____			Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____		
Height	Weight						
Eye Color	Hair Color						
Home Phone:		Business Phone:		Fax:		Cellular Phone:	
() -		() -		() -		() -	

Type of Business Entity (Circle One): Corporation Partnership Sole Proprietorship LLC

Business Participant Information (This section must be completed for the application of a license for use by a business)

Participant I.D.		Business Name:		State of Incorporation:		Charter State:	
Business Phone:		Cellular Phone:		Home Phone:		Fax:	
() -		() -		() -		() -	
Business Owner Name (F, M, L)		Physical Address			Mailing Address <input type="checkbox"/> Check if same as physical address		
		Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____			Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____		
Business Owner Name (F, M, L)							
Business Owner Name (F, M, L)							
Business Owner Name (F, M, L)							
Business Owner Name (F, M, L)							
Business Owner Name (F, M, L)							

North Carolina Division of Marine Fisheries

Application for Commercial Fishing Vessel Registration (CFVR)

Complete Required Vessel Usage Survey, Vessel Survey, Vessel Owner Survey and Gear Survey Sections.

THIS INFORMATION IS REQUIRED! IF INCOMPLETE, APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED

Vessel Usage Survey	Start Date	End Date		Start Date	End Date
Commercial Fishing:	/ /	/ /	Guide Boat:	/ /	/ /
Headboat:	/ /	/ /	Charterboat:	/ /	/ /
Dive Boat	/ /	/ /			

Vessel Name:		Homeport:	
US Customs #:	Expire Date / /	Vessel Year Built:	
State Registration #:	Expire Date / /	Hull I.D.:	
Vessel Length:		Vessel Manufacturer:	
Port of Landing:		Number of Crew:	
		Vessel Gross Tons:	

Vessel Survey

Carrying Capacity:	Pounds				
Total Horsepower					
Observers Allowed:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Propulsion:	<input type="checkbox"/> Outboard	<input type="checkbox"/> Inboard	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Other	
Hull Material:	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel	<input type="checkbox"/> Other
Engine Type:	<input type="checkbox"/> Gas	<input type="checkbox"/> Diesel	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Number of Engines:					

Vessel Owner Information Survey (please select one of the following Owner designations)

<input type="checkbox"/> Owner and Master	<input type="checkbox"/> Owner, but not Master	<input type="checkbox"/> Neither
---	--	----------------------------------

North Carolina Division of Marine Fisheries

Application for Commercial Fishing Vessel Registration (CFVR)

Gear Survey-Please complete the following with an accurate account of gear actually used, not owned, the previous year. This information is used by our biologists to estimate effort in specific fisheries and is not available on trip tickets.

Check all that apply:	Min – Max Yds	Yards fished
<input type="checkbox"/> Beach Seine	100 - 2,000	Yds.
<input type="checkbox"/> Swipe Net	50 – 3,000	Yds.
<input type="checkbox"/> Haul Seine	50 – 3,000	Yds.
<input type="checkbox"/> Common Seine	5 – 200	Yds.
<input type="checkbox"/> Purse Seine	100 – 1,000	Yds.
<input type="checkbox"/> Channel Net	10 - 40	Yds.

Check all that apply:	Min – Max Nets	Combined Headrope Length
<input type="checkbox"/> Butterfly Net	1 - 2	Ft.
<input type="checkbox"/> Skimmer Trawl	1 - 2	Ft.
<input type="checkbox"/> Crab Trawl	1 - 2	Ft.
<input type="checkbox"/> Flounder Trawl	1 - 2	Ft.
<input type="checkbox"/> Scallop Trawl	1 - 2	Ft.
<input type="checkbox"/> Shrimp Trawl	1 - 4	Ft.
<input type="checkbox"/> Clam Trawl Kicking	1	Ft.
<input type="checkbox"/> Flynet	1	Ft.

Check all that apply:	Min – Max Sets	Number Set
<input type="checkbox"/> Shrimp Pound	1 – 100	
<input type="checkbox"/> Fyke Net	1 – 100	

Check all that apply:	Min – Max Yds	Yards Fished
<input type="checkbox"/> Gill Net Set (float)	50 – 3,000	Yds.
<input type="checkbox"/> Gill Net (drift)	50 – 3,000	Yds.
<input type="checkbox"/> Gill Net (runaround)	50 – 3,000	Yds.
<input type="checkbox"/> Gill Net Set (sink)	50 – 3,000	Yds.

Check all that apply:	Min – Max Reels	No. of Reels used per trip
<input type="checkbox"/> Rod-n-Reel	1 - 10	

Check all that apply:	Min - Max Lines	No. of Lines pulled per trip
<input type="checkbox"/> Trolling	1 - 8	

Check all that apply:	Min - Max Hooks	Number of Hooks set
<input type="checkbox"/> Longline Surface	100 – 3,000	
<input type="checkbox"/> Longline Bottom	100 – 2,000	
<input type="checkbox"/> Longline Shark	100 – 2,000	
<input type="checkbox"/> Trotline	5 - 200	

Check all that apply:	Min - Max Hooks	Number of Hooks set
<input type="checkbox"/> Turtle Hooks	1 - 50	

Check all that apply:	Min - Max Pots	Number Fished
<input type="checkbox"/> Conch Pot	1 – 100	
<input type="checkbox"/> Fish Pot	1 - 200	
<input type="checkbox"/> Turtle Pot	1 – 100	
<input type="checkbox"/> Crab Pot	1 – 1,000	
<input type="checkbox"/> Peeler Pot	1 – 1,000	
<input type="checkbox"/> Eel Pot*	1 – 600	

*use of eel pots requires submission of monthly logbooks.

Economic Survey (must be completed by Responsible Party)

First Name	Middle Name	Last Name	At least 50% of income derived from commercial fishing?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature: _____

Applicant signature (Must be signed to be valid)

Date



North Carolina Division of Marine Fisheries
License or Permit Application Certification Form
(REV 04/2021)

Certification Statement (This section must be completed by Applicant)

OFFICE USE ONLY Year _____

PID # _____

License # _____

DMF License Clerk: _____

I, _____, certify that:

1. All the information provided on this application and any supporting documentation provided is true, accurate, and complete. And further, for renewals, any changes in information or supporting documents have been provided at the time of renewal. I understand that any false information or fraudulent disclosures may result in termination of appropriate licenses, permits and related documents, revocation or suspension of marine fisheries licensing and other privileges, and in possible criminal prosecution.
2. I am a resident of the State of: _____
If claiming resident status in North Carolina, I certify further that (check one):
 - ☐ I have been a legal resident for more than six months, or
 - ☐ If domiciled in North Carolina between 60 days and six months, I have completed and submitted with this application a notarized Certificate of Eligibility for North Carolina Residency.
3. If applying for a Standard or Retired Standard Commercial Fishing License as a North Carolina Resident, I also certify that: (check the appropriate entry)
 - ☐ I filed a North Carolina State Income Tax Return for the previous calendar or tax year.
 - ☐ I was not required to file a North Carolina State Income Tax Return for the previous calendar or tax year.I understand if there are any questions regarding the filing of a North Carolina State Income Tax Return, I may have to provide appropriate tax records, as requested by the Division of Marine Fisheries.
4. For commercial fishing licenses, permits, endorsements or registrations I certify that:
 - a) I currently have no marine fisheries licenses, permits, endorsements, or registrations under suspension or revocation and the privilege to hold such licenses, permits, endorsements, or registrations is not revoked or suspended.
 - b) I have not been convicted of four or more violations in any jurisdiction related to state or federal law or regulations involving or related to marine or estuarine resources during the previous three years.
 - c) I understand that as a condition of accepting a permit from the Division of Marine Fisheries, I agree to abide by all conditions of the permit and agree, that if conditions of the permit as identified for the permit are violated, or if false information was provided in the application for initial issuance, renewal or transfer, the permit may be suspended or revoked by the Fisheries Director.
5. NC General Statute §113-221 requires the NC Division of Marine Fisheries to provide a current copy of the rules governing activities authorized by the license you are purchasing. You have the right to request a current rulebook in hardbound. The document is available on the Division of Marine Fisheries website on the "Rules and Regulations" webpage at <http://portal.ncdenr.org/web/mf/rules-and-regulations>.
6. For for-hire fishing licenses and endorsements, I affirm that I have liability insurance and that I am knowledgeable of USCG safety requirements for the vessel(s) used in the operation in accordance with G.S. 113-168.6.
7. If application is for a Standard/Retired Commercial Fishing License with a Shellfish Endorsement or a Shellfish License for NC Residents I affirm that I have received the required harvester training.
8. For Ocean Fishing Pier License, linear length of the pier has not changed.
9. If applying for a Land or Sell License, I also certify that: (check the appropriate entry)
 - ☐ I have a commercial fishing license issued by the state of _____ (Other than North Carolina).
 - ☐ I have a federal permit that allows commercial fishing.

Signature of Applicant: _____ Date: _____

NOTARY (Only NEW applications must be notarized)

State: _____ County: _____

Sworn to and Subscribed before me this _____ day of _____, _____

Notary Public: _____ My Commission expires: _____